



 <b>United States</b> <b>Environmental Protection Agency</b> Washington, DC 20460		<input type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
<b>Application for Pesticide - Section I</b>			
1. Company/Product Number		2. EPA Product Manager	3. Proposed Classification  <input type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name)		PM#	
5. Name and Address of Applicant (Include ZIP Code)  <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____  Product Name _____	
<b>Section - II</b>			
<input type="checkbox"/> Amendment - Explain below.  <input type="checkbox"/> Resubmission in response to Agency letter dated _____  <input type="checkbox"/> Notification - Explain below.		<input type="checkbox"/> Final printed labels in response to Agency letter dated _____ "Me Too" Application.  <input type="checkbox"/> Other - Explain below.	
<b>Explanation:</b> Use additional page(s) if necessary. (For section I and Section II.)			
<b>Section - III</b>			
1. <b>Material This Product Will Be Packaged In:</b>			
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes" Unit Packaging wgt.    No. per container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes" Package wgt    No. per container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* <b>Certification must be submitted</b>			
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container	5. Location of Label Directions <input type="checkbox"/> _____
6. Manner in Which Label is Affixed to Product		<input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____	
<b>Section - IV</b>			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name		Title	Telephone No. (Include Area Code)
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received  <b>(Stamped)</b>
4. Typed Name		5. Date	